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Incidence , Patterns , and Predictors of Locoregional Recurrence in Colon Cancer (Article)

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Abstract

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Background: Locoregional recurrence (LR) in colon cancer is uncommon but often incurable, while the factors associated with it are unclear. The purpose of this study was to identify patterns and predictors of LR after curative resection for colon cancer . Methods: All patients who underwent colon cancer resection with curative intent between 1994 and 2008 at a tertiary referral center were identified from a prospectively maintained institutional database. The association of LR with clinicopathologic and treatment characteristics was determined using univariable and multivariable analyses. Results: A total of 1397 patients were included with a median follow-up of 7.8 years; 635 (45%) were female, and the median age was 69 years. LR was detected in 61 (4.4%) patients. Median time to LR was 21 months. On multivariable analysis, the independent predictors of LR were disease stage [hazard ratio (HR) for Stage II 4.6, 95% confidence interval (CI) 1.05–19.9, HR for Stage III 10.8, 95% CI 2.6–45.8], bowel obstruction (HR 3.8, 95% CI 1.9–7.4), margin involvement (HR 4.1, 95% CI 1.9–8.6), lymphovascular invasion (HR 1.9, 95% CI 1.06–3.5), and local tumor invasion (fixation to another structure, perforation, or presence of associated fistula, HR 2.2, 95% CI 1.1–4.5). Adjuvant chemotherapy was not associated with reduced LR in patients with either Stage II or Stage III tumors. Conclusions: Adherence to oncologic surgical principles in colon cancer resection results in low rates of LR, which is associated with tumor-dependent factors. Recognition of these factors can help to determine appropriate postoperative surveillance. © 2016, Society of Surgical Oncology.

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